

King Homecare

Quality Policy Statement



PREVENTION OF CORONAVIRUS COVID-19

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Referenced Documents

Other Policies

- QP-25 Policy on Hand Washing, Effective Handwashing
- QP-87 Infection Control During a Pandemic.

Procedures

- MA-03 Infection Control.

Forms & Logs

None.

Files & Books

None.

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Legislation, Standards and Guidance

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission and Care of Residents during COVID-19 Incident in a Care Home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf)

Admission and Care of Residents during COVID -19 Incident in a Care Home.

<https://www.gov.uk/government/publications/coronavirus-covid-19>

See National Patient Safety Agency Hand Cleaning techniques

Link: www.npsa.nhs.uk/cleanyourhands

Link: <https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources/5015>

DHSC's guidance on the Care Act easements on the GOV.uk website.

<https://www.cqc.org.uk/guidance-providers/all-services/covid-19-interim-guidance-dbs-other-recruitment-checks>

<https://www.skillsforcare.org.uk/About/News/COVID-19-Essential-training.aspx>

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Title: PREVENTION OF CORONA VIRUS – COVID-19
(Updated 29 May 2020)

1.0 INTRODUCTION

- 1.1 This policy is based on the on Guidance for Social or Community care and Residential Settings on COVID-19 published by the Department of Health 25th February 2020.
- 1.2 A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020 and is also having a significant impact on the health of people throughout Southeast Asia, parts of Europe and Iran.
- 1.3 The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

2.0 POLICY

- 2.1 To ensure that staff are made fully aware and follow the guidance produced by the Department of Health in February 2020, to prevent the spread of the Coronavirus (COVID19) and the management of the service in the event of a person becoming infected.

3.0 SPREAD OF CORONAVIRUS

- 3.1 The coronavirus is spread by coming into close contact with an infected person. Infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs by a person in close proximity.
- 3.2 It is most likely that respiratory secretions are the main source of cross contamination.
- 3.3 Contact infection such as touching surfaces, infected door knob, or hand contact that have become infected is another method of being exposed to the virus. From contact, it is known that the virus can enter the body by the person's hands touching their mouth, nose or eyes and infecting themselves.
- 3.4 The survival of coronavirus is dependent on a number of conditions.
 - What surface the virus is on.
 - Whether it is exposed to sunlight.
 - Differences in temperature and humidity.
 - Exposure to cleaning products.
- 3.5 Usually, the threat of infection will significantly decrease after 72 hours of the virus coming into contact with a surface.

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4.0 SIGNS AND SYMPTOMS OF THE CORONAVIRUS

- 4.1 Providers of care services should be aware of the signs and symptoms of coronavirus. Symptoms may be evident in the person, 14 days after exposure. Signs of infection are associated with:
- Fever or raised body temperature.
 - Difficulty in breathing.
 - Cough.
- 4.2 The severity of symptoms can be more severe with people who have a weakened immune system. This would typically effect older people or people with complex illness such as cancer, diabetes or lung disease.

5.0 HOW COVID-19 IS SPREAD

- 5.1 From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.
- 5.2 Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.
- 5.3 There are 2 main routes by which people can spread COVID-19:
- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs
 - it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn't survive on surfaces for longer than 72 hours.
- 5.4 There is currently little evidence that people without symptoms are infectious to others.

6.0 HOW LONG CAN THE VIRUS SURVIVE

- 6.1 How long any respiratory virus survives will depend on a number of factors, for example:
- What surface the virus is on.
 - Whether it is exposed to sunlight.
 - Differences in temperature and humidity.
 - Exposure to cleaning products.
- 6.2 Regular cleaning of frequently touched hard surfaces and hands will therefore help to reduce the risk of infection.

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7.0 HOW CAN OUR CARE SERVICE PREVENT THE SPREAD OF INFECTION

7.1 Given that there is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

7.2 There are a number of measure people can carry out to reduce the potential for cross contamination. The following are general principles that staff and Service Users can follow to prevent the spread of the virus, including:

- Washing your hands often - with soap and water, or use alcohol sanitiser that contains at least 60% alcohol if hand washing facilities are not available - this is particularly important after taking public transport. Guidance is available on hand washing. See Hand washing
- Covering your cough or sneeze with a tissue, then throwing the tissue in a bin.
- People who feel unwell should stay at home and should not attend work.

See National Patient Safety Agency Hand Cleaning techniques

Link: www.npsa.nhs.uk/cleanyourhands

7.3 Staff should wash their hands:

- Before leaving home.
- On arrival at work.
- After using the toilet.
- After breaks and sporting activities.
- Before food preparation.
- Before eating any food, including snacks.
- Before leaving work.
- On arrival at home.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched objects and surfaces.

7.4 If staff are worried about their symptoms or those of a family member or colleague, please call NHS 111 and report the concern to their line manager. They should not go to their GP or other healthcare environment.

8.0 GUIDANCE ON PERSONAL PROTECTIVE CLOTHING

8.1 Public Health England have published (17 April 2020) COVID-19 personal protective equipment (PPE). Managers can obtain the guidance by visiting gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

8.2 Public Health England recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.

8.3 Care workers should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

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- 8.4 Aprons, gloves and fluid repellent surgical masks should be used in these situations. If there is a risk of splashing, then eye protection will minimise risk.
- 8.5 New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.
- 8.6 These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

9.0 GUIDANCE ON COVID-19 TESTING

- 9.1 The government has set out a programme for testing of frontline staff particularly in the NHS and other public services.
- 9.2 Testing of staff is a key government strategy in the drive to save lives during the COVID-19 pandemic. Unfortunately, testing has been focused on NHS staff and not those working in Health and Social Care.
- 9.3 Though not exhaustive, the following is a list of frontline staff who are prioritised to be tested.
- All NHS and social care staff, including hospital, community and primary care, relevant staff providing support to frontline NHS services, and voluntary workers.
 - Clinicians.
 - Nurses.
 - GPs.
 - Staff in community pharmacy.
 - Healthcare assistants.
 - Those providing hotel accommodation for NHS staff.
 - Police, fire and rescue services, including the National Crime Agency, security agencies, MOD police and the British Transport Police.

9.4 FOR FULL LIST PLEASE REFER TO

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

- 9.5 Employers of frontline workers will be provided with information on how to make an appointment for their staff through their local resilience forum (where the local region chooses to organize testing in this way), their associated national department or agency, or directly through the Department of Health and Social Care.

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- 9.6 Any employer that has any queries should contact their local resilience forum, their associated national government department/agency, or the Department of Health and Social Care at opshub@dhsc.gov.uk.

The testing process

- 9.7 The test involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted).
- A network of up to 50 drive-through regional testing sites by the end of April.
 - Mobile testing units are being developed, which will operate out of a regional testing site and travel to offer tests where they are needed.

Updating Guidance on testing

The government is continually updating guidance on testing that has implications for this policy. The Manager should keep up to date by visiting the PHE and gov.uk websites on a daily basis.

10.0 ACTION REQUIRED IF CORONAVIRUS HAS BEEN RECENTLY IDENTIFIED IN OUR SERVICE

- 10.1 Closure of our service is not recommended.
- 10.2 The manager of our service will be contacted by Public Health England (PHE) local Health Protection Team to discuss the case, identify people who have been in contact with that person and advice on actions that should be taken.
- 10.3 Managers of care services should anticipate a full assessment by Public Health England (PHE).
- 10.4 Health Protection Team will also advise on isolation of the person(s) and give other advice as necessary.

11.0 CLEANING THE AREA WHERE THERE ARE CONFIRMED CASES OF CORONAVIRUS AND DISPOSAL OF WASTE

- 12.1 Advice to our service from the Health Protection Team is that all surfaces that the person has come into contact with must be cleaned including:
- All surfaces and objects which are visibly contaminated with body fluids.
 - All potentially contaminated high-contact areas such as toilets, door handles, telephones.
 - Clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional.
- 11.2 Other areas of the service such as corridors or communal areas where minimal time has been spent by a potentially or infected person do not need specific cleaning.

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12.0 RUBBISH DISPOSAL AND LAUDRY

- 12.1 Public Health England guidance requires all waste that has been in contact with the individual, including used tissues, continence pads and other items soiled with bodily fluids, should be put in a plastic rubbish bag and tied. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the COVID-19 test result is available, which will be within 24 hours.
- 12.2 If the individual tests negative, this can be put in the normal waste.
- 12.3 Similarly, laundry from the room of a possible case should be stored safely until the result of the test is known. Should the individual test positive, the local Health Protection Team advise you what to do with the waste and laundry.

13.0 ACTIONS TO BE TAKEN WHEN STAFF ARE TOLD TO SELF ISOLATE

- 13.1 People who have been in close contact with a confirmed case of COVID-19 are being advised by their local Health Protection Team to self-isolate.
- 13.2 People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.
- 13.3 The manager and care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic prior to their visit. If they are self-isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.
- 13.4 If the person is asymptomatic (showing no signs of symptoms) there is no need to change your approach.
- 13.5 If the person is symptomatic (showing signs of having the virus) then:
- Avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste with which they have come into contact should remain in the room.
 - Advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room.
 - Ask the patient or their representative to call NHS 111 from their room.
 - Inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action.

14.0 STAFF MANANGEMENT AND CORONAVIRUS

- 14.1 Our services manager will be receptive to all staff concerns and queries about the coronavirus and attempt to give up to date information and advice.

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- 14.2 The manager of the Service will keep everyone updated on actions being taken to reduce risks of exposure in the Service.
- 14.3 Staff must tell the manager of the Service as soon as possible if they cannot work due to infection from the virus. Staff should explain the circumstances to the Services manager and give an indication of how long they are likely to be off for. This will be helpful in assisting the manager with future staff planning in their absence.
- 14.4 Managers must be clear on any relevant processes related to employment, for example sickness reporting and sick pay, and procedures in case someone in the workplace develops the coronavirus.
- 14.5 If a staff member is of sick and in isolation or quarantine, the Services manager must follow their usual sick pay policy or agree for the time to be taken as holiday. Otherwise there's a risk the employee will come to work because they will want to be paid.

15.0 COVID-19 GUIDANCE FOR MANAGERS ON PROVIDING A HOME CARE AND SUPPORTED LIVING SERVICES

- 15.1 Public Health England (published 6 April 2020) have produced COVID-19: Guidance for Managers on Providing a Home Care Service. Managers can obtain the guidance by visiting [gov.uk/ publications/COVID-residential-care-supported living- and- homecare](https://www.gov.uk/publications/COVID-residential-care-supported-living-and-homecare).
- 15.2 Managers may also find the following link helpful.

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

- 15.3 In a continually changing situation it is important that managers keep up to date with the latest guidance by visiting the gov.uk on a daily basis.

16.0 MENTAL CAPACITY

- 16.1 Staff should be aware that the duties and powers under the Mental Capacity Act 2005 still apply during this period. If a member of staff thinks it is more likely than not that a Service User lacks the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out.
- 16.2 During the emergency period best interest decisions may still be required. The use of the telephone conferencing facilities or skype should be considered as a mean of bringing people together.

17.0 STAFF TRAINING AND SUPPORT

- 17.1 The manager will:
- Review sick leave policies and occupational health support for care home staff and support unwell staff to stay at home as per Public Health England (PHE) guidance.

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- Staff who have a symptomatic household member must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If the staff member develops symptoms during this period, they can return to work 7 days after their symptoms started and they are no longer symptomatic. (See guidance for further information)
- Staff who fall into the clinically vulnerable group should not provide direct care to symptomatic Service Users.
- Ensure staff are provided with adequate training and support to continue providing care to all Service Users.

18.0 RECRUITMENT OF STAFF

18.1 Our policy approach to recruitment of new staff during the COVID-19 Pandemic is taken from guidance published by the CQC and can be found at the following link.

<https://www.cqc.org.uk/guidance-providers/all-services/covid-19-interim-guidance-dbs-other-recruitment-checks>

18.2 Due to the COVID-19 crisis we will employ people without delay whilst awaiting a full DBS check as part of the free fast-tracking system (fast-tracked barred list(s) check) while waiting for the full DBS check information to be returned. This service will only be used in an emergency situation.

18.3 The barred list check still applies to staff working with children and adults.

18.4 As an employer, we still have a responsibility for safe recruitment. We will still be carrying out other recruitment checks and obtain evidence and are satisfied of the person's fitness to carry out the role. This includes their employment history, professional registration where relevant, references from previous employers and evidence of their conduct in previous employment in health or social care with children or vulnerable adults, and the reasons why that employment ended.

18.5 Before employing an individual, we will carry out a risk assessment and make our decisions based on the needs of the service. Considerations will be made as part of the risk assessment to:

- Avoiding lone working where this is practical and possible.
- Have in place robust supervision arrangements regularly checking the satisfaction of people using our service who are in contact with that member of staff.
- Employing people who already have a DBS in place from another service.

18.6 As a responsible employer, we will record the decisions that have been made, and any risks identified along with the mitigations that have been put in place.

18.7 Our service will take a pragmatic view on the portability of certificates for those being employed in emergency roles. CQC are recognizing that this may have to be considered as part of our services risk assessment on recruitment.

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18.8 We will process all non-urgent appointments and applications for DBS checks that are not linked to COVID-19 in accordance with existing DBS and CQC guidance.

18.9 Our service will mark or identify employees who have been fast tracked on the personnel records and ensure that the full DBS is followed up in due course.

18.10 Our service will endeavor to work as closely as possible with local health and social care systems during this time. If we have serious concerns over staffing that cannot be eased or resolved at a local level with partners, we will approach the CQC about this matter.

19.0 TRAINING

19.1 Our policy on training is taken from the following CQC and Skills for Care guidance.

<https://www.cqc.org.uk/guidance-providers/adult-social-care/information-adult-social-care-services-during-coronavirus-outbreak#training>

<https://www.skillsforcare.org.uk/About/News/COVID-19-Essential-training.aspx>

19.2 Our approach to training during the COVID-19 crisis recognises that at this time our service will prioritise providing care to people and may mean training might be delayed. However, as a service, we will still make every effort to ensure that staff are competent, confident and skilled in providing safe care for people.

19.3 As an assistance to our service, Skills for care have produced a

- Rapid Induction Programme.
- Refresher Training Pack.
- Volunteer Programme.

These are an important for assisting our service through training during the COVID-19 crisis.

20.0 CORONAVIRUS (COVID-19) AND THE CARE ACT ‘EASEMENTS’

20.1 As part of the government’s response to the coronavirus pandemic, some temporary changes have been made to the Care Act. These changes – called ‘easements’ – took effect on 31 March 2020 and make it possible for local authorities to reduce their usual duties.

20.2 They mean local authorities won’t have to complete all the assessments or meet all the needs usually expected of them. This will only apply where authorities are unable to meet their usual duties and only for the temporary period the powers are in place.

20.3 You can find out more by reading [DHSC’s guidance on the Care Act easements](#) on the GOV.uk website.

21.0 KEEPING UP TO DATE - RESPONSIBILITIES OF THE MANAGER

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21.1 As relevant authorities continue to issue the ever-changing guidance as we learn more about COVID-19 and our approach to combating the virus. It is very important the manager keeps up to date. The manager should visit the following sites on a daily basis during the pandemic to ensure they are following the most up to date guidance:

- gov.uk
- Public Health England
- Health and Social Care
- Care Quality Commission
- [NICE Coronavirus guidance](#)
- [NHS Coronavirus website](#)
- Health and Safety Executive
- Skills for care
- ACAS
- Social Care Institute for Excellence

22.0 RECORDING

22.1 The manager must ensure that all staff sign to say that they have read and understand this policy, and where they are not clear it has been explained to them.

22.2 A record should be kept of all staff who have read and understand this policy.

23.0 REVIEW OF THIS POLICY

23.1 This policy will be reviewed in the light of any changes to the guidance published by Department of Health and Social Care, Public Health England, care Quality Commission NHS and NICE.

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HM Government



CORONAVIRUS

If you have been to an affected place
in the last 14 days

or

had contact with somebody
with Coronavirus,

and

do you have any of these symptoms?



Cough



Fever



Shortness of
breath

If yes, to protect yourself and others please
go home and search 'nhs coronavirus'
for advice and to access the 111 online
coronavirus service or call NHS 111.

Find out more at [gov.uk/coronavirus](https://www.gov.uk/coronavirus)